MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03252

CERTIFICATE OF DEATH

Reg. Dist. No. 262

1. PLACE OF DEATH:
COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Pocomoke — LENGTH OF STAY (in this place) In Ambulance
HOSPITAL OR INSTITUTION OR STREET ADDRESS on way to Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Pocomoke City
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Mollie (Middle) M. (Last) Beauchamp.

4. DATE OF DEATH: (Month) March (Day) 13 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: April 30-1904

9. AGE last birthday: 48 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: House-Wife

10b. KIND OF BUSINESS OR INDUSTRY: Comm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: J. Frank Beauchamp.

14. MOTHER'S MAIDEN NAME: Effie L. Nibblett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Mr Randolph Beauchamp. R.#2 D. Pocomoke

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Sub-arachanoid Hemorrhage — Interval Between Onset and Death: 2 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Hypertensive Cardio-Vascular Disease — 5 Yrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1948, 19..., to March 13, 1953, that I last saw the deceased alive on March 13, 1953 and that death occurred at 12:30 AM., from the causes and on the date stated above.

SIGNATURE (Degree or title) Louis L. Llewelyn, M.D. — ADDRESS Pocomoke City, Md — DATE SIGNED 3/13/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Mar 15-1953 — NAME OF CEMETERY OR CREMATORY Baptist Cemetery — LOCATION (City, town, or county) (State) Pocomoke City Md.

DATE REC'D BY LOCAL REGISTRAR 3/16/53 — REGISTRAR'S SIGNATURE Mrs. Orrie Bozman

24. FUNERAL DIRECTOR — ADDRESS Henry L. Watson

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAR 19 1953
BUREAU V. A.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

03253

Reg. Dist. No. 260

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

VS/A15A

1. PLACE OF DEATH: COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne; MARYLAND; LENGTH OF STAY (in this place) 7 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne; STREET ADDRESS (If rural, give location) R.F.D.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) E. (Last) Blake

4. DATE OF DEATH: (Month) March (Day) 9 (Year) 1953

5. SEX: male

6. COLOR OR RACE: col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1910

9. AGE last birthday: 43 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor

10b. KIND OF BUSINESS OR INDUSTRY: Canning Factory

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Henry Blake

14. MOTHER'S MAIDEN NAME: Louisa Mobead

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.: 239-10-2702

17. INFORMANT AND ADDRESS: James A. Blake - Fayetteville, N.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Heart Disease — Interval Between Onset and Death: ?

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE (Degree or title) R.H. Johnson M.D. ADDRESS Princess Anne Md DATE SIGNED March 10-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF 3-12-53; NAME OF CEMETERY OR CREMATORY John Wesley; LOCATION (City, town, or county) (State) Princess Anne Md

DATE REC'D BY LOCAL REG. 3/10/53; REGISTRAR'S SIGNATURE R.H. Johnson, M.D.

24. FUNERAL DIRECTOR William A. James Jr. ADDRESS Princess Anne Md

27

RECEIVED
MAR 13 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3254

CERTIFICATE OF DEATH

. Reg. Dist. No. 360

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-53

1. PLACE OF DEATH:
COUNTY Somerset — STATE OF MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Hill
LENGTH OF STAY (in this place) 69
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Hill
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Eliza (Middle) (Last) Boggs

4. DATE OF DEATH: (Month) Mar (Day) 5 (Year) 1953

5. SEX: Fem

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: May 5 1883

9. AGE last birthday: 69 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Upper Hill Somerset Co Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John D. Madox

14. MOTHER'S MAIDEN NAME: Bethe Waters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

331X
Immediate cause (a) Cerebral hemmorhage. — Interval Between Onset and Death: hours

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) arteriosclerosis — years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/2, 1953 to 3/6, 1953 that I last saw the deceased alive on 3/2, 1953, and that death occurred at 2:00 A.M. from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Robert Calliott, M.D. ADDRESS Princess Anne DATE SIGNED 3/6/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF Mar 8 1953 — NAME OF CEMETERY OR CREMATORY Upper Hill Family — LOCATION (City, town, or county) (State) Upper Hill Somerset Co Md

DATE REC'D BY LOCAL REG. 3/6/53 — REGISTRAR'S SIGNATURE R. E. Johnson, M.D.

24. FUNERAL DIRECTOR Charles H Ward — ADDRESS Somerset Co Marion Md

2T

RECEIVED
MAR 11 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

03255 Reg. Dist. No. 261

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Marion Station
LENGTH OF STAY (in this place) Life Time
HOSPITAL OR INSTITUTION OR STREET ADDRESS ~~Salisbury Hospital~~

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Marion Station
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Washington (Middle) Bent (Last) Dennis

4. DATE OF DEATH: (Month) March (Day) 12th (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1884 Jan. 10

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Seaford

10b. KIND OF BUSINESS OR INDUSTRY: Waterman

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Arzie M. Dennis

14. MOTHER'S MAIDEN NAME: Mary Frances Lankford

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

15 IX

Immediate cause (a) Heart Failure — Interval Between Onset And Death: Few min.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Insanitis — one mo.

DUE TO

(c) Carcinoma of Stomach — 3 yrs.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Nov. 1952

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Stomach, inoperable

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 15, 1952 to Mar 12, 1953, that I last saw the deceased alive on Mar 12, 1953, and that death occurred at 3:30 P.M., from the causes and on the date stated above.

SIGNATURE A. N. Barr (Degree or title) M.D. ADDRESS Crisfield DATE SIGNED Mar. 13, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 3-15-53 — NAME OF CEMETERY OR CREMATORY Wesley Cemetery — LOCATION (City, town, or county) (State) Marion Som. Md.

DATE REC'D BY LOCAL REGISTRAR 3-14-53 — REGISTRAR'S SIGNATURE Nellie D. Payne

24. FUNERAL DIRECTOR George E. Dilgham — ADDRESS Marion Md

VS. A15

RECEIVED
MAR 19 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03256

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland Somerset COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rhodes Point
STREET ADDRESS (If rural give location) Smith Island

3. NAME OF DECEASED: (Type or Print) (First) EDWARD (Middle) AYRES (Last) EVANS
4. DATE OF DEATH: (Month) March (Day) 23, (Year) 1953

5. SEX: male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: May 11, 1875
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Waterman
10b. KIND OF BUSINESS OR INDUSTRY: Seafood
11. BIRTHPLACE (State or foreign country): Smith Island, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Evans
14. MOTHER'S MAIDEN NAME: Mary Ellen Parks

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) --
16. SOCIAL SECURITY NO.: --
17. INFORMANT & ADDRESS: Mrs. Otis Evans-- Myrtle St. Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2

Immediate cause (a) Uremia — Interval Between Onset And Death: 10 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Myocarditis & Nephritis — last 10 yrs

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 13, 1953, to Mar. 23, 1953, that I last saw the deceased alive on Mar 23, 1953, and that death occurred at 12:05 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Luigi C. Boullum M D
ADDRESS Marion - Md
DATE SIGNED 3-24-53

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial
DATE THEREOF March 24, '53
NAME OF CEMETERY OR CREMATORY Rhodes Point Cemetery
LOCATION (City, town, or county) (State) Smith Island, Md.

DATE REC'D BY LOCAL REGISTRAR Mar. 24, 1953
REGISTRAR'S SIGNATURE Nellie D. Payne
24. FUNERAL DIRECTOR Bradshaw Funeral Parlors
ADDRESS 531 W. Main St. - Crisfield, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 30 1953
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Upper Fairmount

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Fairmount
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) William (Middle) W (Last) Ford
4. DATE OF DEATH (Month) Mar. (Day) 6 (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Mar. 8. 1863
9. AGE last birthday 90 yrs. If under 1 year Months / Days / If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Captain of Sail Boat
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Upper Fairmount
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Charles Ford
14. MOTHER'S MAIDEN NAME Elizabeth Ford
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) ✓
16. SOCIAL SECURITY NO. ✓
17. INFORMANT Lewis Ford

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4

Immediate cause (a) Ventricular fibrillation — INTERVAL BETWEEN ONSET AND DEATH: few minutes

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerosis — years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Ureteral Calculus

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/6, 1953, to 3/6, 1953, that I last saw the deceased alive on 3/6, 1953, and that death occurred at 11 a.m. from the causes and on the date stated above.

SIGNATURE Robert Calluot (Degree or title) M.D. ADDRESS Princess Anne DATE SIGNED 3/7/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE Mar. 8, 1953 | NAME OF CEMETERY OR CREMATORY K of P. | LOCATION (City, town, or county) Upper Fairmount (State) Md

DATE REC'D BY LOCAL REG. 3/7/53 | REGISTRAR'S SIGNATURE R. H. Johnson, M.D. | 24. FUNERAL DIRECTOR Harry B. Miles ADDRESS Upper Fairmount, Md

VS A1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 260

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 115 T

1. PLACE OF DEATH:
COUNTY Somerset — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
LENGTH OF STAY (In this place) 43 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Jessie (Middle) (Last) Grant

4. DATE OF DEATH: (Month) 3 (Day) 3 (Year) 1953

5. SEX: Female **6. COLOR OR RACE:** Col **7. SINGLE, MARRIED, WIDOWED, DIVORCED:** (Specify) Married **8. DATE OF BIRTH:** 6-2-1909 **9. AGE last birthday:** 43 yrs. **IF UNDER 1 YEAR** Months / Days **IF UNDER 24 HRS.** Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife **10b. KIND OF BUSINESS OR INDUSTRY:** Houses Wife **11. BIRTHPLACE** (State or foreign country): Princess Anne, Md **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13. FATHER'S NAME: John Dennis **14. MOTHER'S MAIDEN NAME:** Mamie Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) **(If Yes, give war or dates of service)** **16. SOCIAL SECURITY NO.:** **17. INFORMANT & ADDRESS:** Ewing Grant

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

138.0 Immediate cause (a) Sarcoidosis — unknown

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes / No

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. **INJURY OCCURED** While at Work ☐ Not While At Work ☐ **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from 10/27, 1953, to 3/3, 1953, that I last saw the deceased alive on 3/2, 1953 and that death occurred at 3:15 a.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert Collentt M.D. ADDRESS Princess Anne DATE SIGNED 3/4/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial **DATE THEREOF** 3-8-53 **NAME OF CEMETERY OR CREMATORY** John Wesley **LOCATION** (City, town, or county) Princess Anne, Md (State)

DATE REC'D BY LOCAL REGISTRAR 3/4/53 **REGISTRAR'S SIGNATURE** H. Johnson, M.D. **24. FUNERAL DIRECTOR** William H. Jones **ADDRESS** Princess Anne, Md

B.

RECEIVED
MAR 6 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (12259)

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
MARYLAND LENGTH OF STAY (in this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 216 Main Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural give location) 216 Main Street

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) D. (Last) Kauffman

4. DATE OF DEATH: (Month) March (Day) 19 (Year) 19 53

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: May 31, 1889

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months 9 Days 18 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Shoemaker

10b. KIND OF BUSINESS OR INDUSTRY: Shoe repair

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jacob Kauffman

14. MOTHER'S MAIDEN NAME: Elizabeth (unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) WW1

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Leola Kauffman, 216 Main St. Crisfield Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 422.1

Immediate cause (a) Acute dil. of heart DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic Cardiovascular disease DUE TO

(c)

Interval Between Onset And Death: (a) minutes (b) years (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Osteoarthritis of cervical dorsal & lumbar spines. years

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar., 19 48, to Mar, 1953, that I last saw the deceased alive on Mar 6, 1953, and that death occurred at 4:00 A.M., from the causes and on the date stated above.

SIGNATURE C. Rawley (Degree or title) M.D. ADDRESS Crisfield, Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Mar. 22, 1953 NAME OF CEMETERY OR CREMATORY Parks Cemetery LOCATION (City, town, or county) Tangier, Virginia (State)

DATE REC'D BY LOCAL REGISTRAR 3-20-53 REGISTRAR'S SIGNATURE Betty W. Tyler.

24. FUNERAL DIRECTOR ADDRESS Durward Q. Covington, Crisfield, Md.

RECEIVED
MAR 23 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 26 032611

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1 PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place) 69 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10 Hudson Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural give location) 10 Hudson Street

3. NAME OF DECEASED: (First) Edward (Middle) L. (Last) Landon
4. DATE OF DEATH: (Month) March (Day) 15, (Year) 19 53

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) married
8. DATE OF BIRTH: July 10, 1883
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months 8 Days — IF UNDER 24 HRS. Hours — Min. 5

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Waterman
10b. KIND OF BUSINESS OR INDUSTRY: Seafood
11. BIRTHPLACE (State or foreign country): Crisfield, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Landon
14. MOTHER'S MAIDEN NAME: Frankie Evans

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Herman Landon, Crisfield, Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) [illegible]	2 months
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) [illegible]	?
	DUE TO (c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to [illegible], 19[illegible], that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at [illegible], from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) [illegible] ADDRESS [illegible] DATE SIGNED [illegible]

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Mar. 17, 1953
NAME OF CEMETERY OR CREMATORY Sunny Ridge Cem.
LOCATION (City, town, or county) (State) Crisfield, Maryland
DATE REC'D BY LOCAL REGISTRAR 3/17/53
REGISTRAR'S SIGNATURE Betty W. Dyer
24. FUNERAL DIRECTOR ADDRESS Durward Q. Covington, Crisfield, Md.

VS. A15

RECEIVED
MAR 23 1953
BUREAU V. S

03261

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
LENGTH OF STAY (in this place) 69
HOSPITAL OR INSTITUTION OR STREET ADDRESS R. F.D.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
STREET ADDRESS (If rural, give location) R.F.D.

3. NAME OF DECEASED: (Type or Print) (First) Elsie (Middle) Maude (Last) Layfield

4. DATE OF DEATH: (Month) March (Day) 6 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Feb. 29, 1884
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Riggin
14. MOTHER'S MAIDEN NAME: Elvinia Pusey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Morris E. Layfield

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: INTERVAL BETWEEN ONSET AND DEATH

443X
Immediate cause (a) Acute coronary insufficiency - 1-2 hrs
DUE TO
Antecedent cause(s) (b) Hypertensive cardiovascular disease - years
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c) —

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/29, 1952, to 3/6, 1953 that I last saw the deceased alive on 3/6, 1953, and that death occurred at 9 p.m., from the causes and on the date stated above.

SIGNATURE Robert Callicott (DEGREE OR TITLE) M.D. ADDRESS Princess Anne DATE SIGNED 3/9/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 3-8-1953
NAME OF CEMETERY OR CREMATORY Olivet Cemetery
LOCATION (City, town, or county) Near West Post, Office (State) Md.
DATE REC'D BY LOCAL REG. 3/9/53
REGISTRAR'S SIGNATURE R. H. Johnson, M.D. B.
24. FUNERAL DIRECTOR Lewis R. Wilson ADDRESS Princess Anne, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-5-

MAR 1'
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]262

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place) dead on arrival
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural give location) 314 Main St.

3. NAME OF DECEASED: (Type or Print) (First) ADA (Middle) REMINGER (Last) LOREMAN
4. DATE OF DEATH: (Month) March (Day) 20, (Year) 1953

5. SEX: female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH: Sept. 26, 1887
9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: domestic
11. BIRTHPLACE (State or foreign country): Delmar-Wicomico-Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Harry Reminger
14. MOTHER'S MAIDEN NAME: Laura ?

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) --
16. SOCIAL SECURITY NO.: --
17. INFORMANT & ADDRESS: 314 Main St. A. J. Loreman, Sr.-Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
4200
Immediate cause (a) Coronary Thrombosis
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) arteriosclerotic heart disease
DUE TO (c)
Interval Between Onset And Death: 20 min. years.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchial asthma years.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 [illegible]8, to March, 1953, that I last saw the deceased alive on Mar 20, 1953, and that death occurred at 11:00 p.m., from the causes and on the date stated above.
SIGNATURE C Rawley (Degree or title) M.D. ADDRESS Crisfield, Md DATE SIGNED 3-21-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Mar. 23, 1953
NAME OF CEMETERY OR CREMATORY Sunnyridge Cemetery
LOCATION (City, town, or county) (State) Crisfield, Md.
DATE REC'D BY LOCAL REGISTRAR 3-21-53
REGISTRAR'S SIGNATURE Betty W. Tyler.
24. FUNERAL DIRECTOR, ADDRESS Bradshaw Funeral Parlors 531 W. Main St.-Crisfield, Md.

VS. A16

RECEIVED
AR 26 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

263

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westover, Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Ruby (Middle) Geraldine (Last) Maddox

4. DATE OF DEATH (Month) March (Day) 14 (Year) 1953

5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Jan 8-1953
9. AGE last birthday yrs. If under 1 year Months 2 Days 3 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Robert Maddox
14. MOTHER'S MAIDEN NAME Gloria Maddox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Robert Maddox Westover R.F.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491X Immediate cause (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS Princess Anne Md DATE SIGNED

R.H. Johnson M.D. Asst Dep. Medical Examiner March 14-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3-15-53
NAME OF CEMETERY OR CREMATORY Family Lot
LOCATION (City, town, or county) (State) Westover, Md.

DATE REC'D BY LOCAL REG. 3/14/53
REGISTRAR'S SIGNATURE R.H. Johnson, M.D.
24. FUNERAL DIRECTOR ADDRESS Robert Maddox - Westover, Md.

4013252406

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAR 19 1953
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]264

CERTIFICATE OF DEATH

Reg. Dist. No. 365

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield
LENGTH OF STAY (in this place) 1day
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
STREET ADDRESS (If rural give location) 509 Priscilla St. ✓

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Baby Boy Marsh

4. DATE OF DEATH: (Month) (Day) (Year) March 28 19 53

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Infant
8. DATE OF BIRTH: March 27,1953
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 17 Min. 55

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John D. Marsh
14. MOTHER'S MAIDEN NAME: Mabel Landon

15 WAS DECEASED EVER IN U S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: John D. Marsh, 509 Priscilla St. Salis. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776X

Immediate cause (a) Prematurity DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 27, 1953, to Mar. 28, 1953, that I last saw the deceased alive on Mar. 28, 1953, and that death occurred at 6 A.M., from the causes and on the date stated above.

SIGNATURE Sarah M. Payton (Degree or title) M.D. ADDRESS Crisfield Md. DATE SIGNED 3/28/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF March 28,1953
NAME OF CEMETERY OR CREMATORY Crisfield Cem.
LOCATION (City, town, or county) (State) Crisfield, Maryland
DATE REC'D BY LOCAL REGISTRAR 3/28/53
REGISTRAR'S SIGNATURE Betty W. Tyler
24. FUNERAL DIRECTOR Durward Q. Covington, Crisfield, Md. ADDRESS

2033315220

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The street age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A45

RECEIVED
APR 6 1953
BUREAU V.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the [redacted] of death clearly [redacted]d legibly.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Vestover
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print) (First) S. (Middle) GORDON (Last) MASSEY

4. DATE OF DEATH (Month) (Day) (Year) March 16, 1953 19

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower
8. DATE OF BIRTH April 12, 1869
9. AGE last birthday 83 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farm owner
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John H. Massey
14. MOTHER'S MAIDEN NAME Deborah Holland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mrs. Ethel Vessey, Renoboth, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) coronary disease	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Myocarditis Chronic Ant Nephritis	years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 15, 1953, to Mar 16, 1953, that I last saw the deceased alive on Mar. 15, 1953, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Luigi C. Grillman M.D. ADDRESS Marion sta. Md DATE SIGNED 3-17-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3/18/53
NAME OF CEMETERY OR CREMATORY Baptist Cemetery
LOCATION (City, town, or county) (State) Rehoboth, Md.

DATE REC'D BY LOCAL REG. 3-17-53
REGISTRAR'S SIGNATURE Nellie D. Payne
24. FUNERAL DIRECTOR Henry H. Watson, Pocomoke, Md. ADDRESS

RECEIVED
MAR 23 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]266

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH:
COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural Marion
LENGTH OF STAY (in this place) one year
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Nor. Jersey COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bloomfield, N. J.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) Lewis (Middle) John (Last) Hilton, SR.

4. DATE OF DEATH: (Month) Mar. (Day) 8, (Year) 1953

5. SEX: male 6. COLOR OR RACE: white 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed 8. DATE OF BIRTH: Nov. 25, 1882 9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Engineer executive
10b. KIND OF BUSINESS OR INDUSTRY: Aviation (Bendix)
11. BIRTHPLACE (State or foreign country): South Wales, England
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Hilton
14. MOTHER'S MAIDEN NAME: Sarah Morgan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) --
16. SOCIAL SECURITY NO.: 139-07-7597
17. INFORMANT & ADDRESS: Mrs. E.T. Landon-Hilton R.F.D., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
1487
Immediate cause (a) Carcinoma of throat with DUE TO Metastis of lungs & brain
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO
(c)
Interval Between Onset And Death: about 2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. ,1951 , to March ,1953 , that I last saw the deceased alive on Mar. 6 , 1953 , and that death occurred at 2:00 p.m., from the causes and on the date stated above.
SIGNATURE (Degree or title) George Gaullum M.D. ADDRESS Marion Sta. Md DATE SIGNED 3-10-53

23. BURIAL, CREMATION, REMOVAL (Specify) burial DATE THEREOF Mar. 10, 1953 NAME OF CEMETERY OR CREMATORY Presbyterian Cemetery LOCATION (City, town, or county) (State) Princess Anne, Md.

DATE REC'D BY LOCAL REGISTRAR 3-10-53 REGISTRAR'S SIGNATURE Nellie D. Payne
24. FUNERAL DIRECTOR ADDRESS Bradshaw Funeral Parlors Crisfield - Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MAR
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 260

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A15 8-53

1. PLACE OF DEATH:
COUNTY: Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Princess Anne
LENGTH OF STAY (in this place): 82 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Princess Anne
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (Type or Print) (First) Imogene (Middle) F. (Last) Myres

4. DATE OF DEATH: (Month) March (Day) 12 (Year) 19 1953

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (write) widowed

8. DATE OF BIRTH: June 27, 1870

9. AGE last birthday: 82 yrs.
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): house wife

10b. KIND OF BUSINESS OR INDUSTRY: housework

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Fontaine

14. MOTHER'S MAIDEN NAME: Imogene Polk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.: no

17. INFORMANT & ADDRESS: G. Hammond Myres Alexandrai, Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) CEREBRAL VASCULAR ACCIDENT — Interval between onset and death: 5 wks.

DUE TO

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) ARTERIOSCLEROSIS

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/17/49, to 3/12, 19 53, that I last saw the deceased alive on 3/12, 19 53, and that death occurred at 2 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Hen. B. Wheeley M.D. Princess Anne 3/13/53

23. BURIAL, CREMATION, REMOVAL (Specify): burial

DATE THEREOF: 36 14-1953 — NAME OF CEMETERY OR CREMATORY: Manokin Presbyterian — LOCATION (City, town, or county) (State): Princess Anne, Md.

DATE REC'D BY LOCAL REG. 3/13/53

REGISTRAR'S SIGNATURE: R. H. Johnson M.D.

24. FUNERAL DIRECTOR: Levin R. Wilson — ADDRESS: Princess Anne, Maryland

97

BUREAU V. S.
MAR 16 1953

Item 9 FilmG152 3/13/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural (Crisfield)
LENGTH OF STAY (in this place) 75 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural (Crisfield)
STREET ADDRESS (If rural give location) Troy Road

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Charles Christopher Nelson
4. DATE OF DEATH: (Month) (Day) (Year) March 2, 1953 19

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Dec. 20, 1878
9. AGE last birthday: ~~75~~ 74 yrs. IF UNDER 1 YEAR Months 2 Days 12 IF UNDER 24 HRS. Hours Min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman
10b. KIND OF BUSINESS OR INDUSTRY: Seafood
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: John Henry Nelson
14. MOTHER'S MAIDEN NAME: Betty (Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 218-14-1979
17. INFORMANT & ADDRESS: Hattie M. Nelson, Crisfield, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 x

Immediate cause (a) Cerebral hemorrhage — Interval Between Onset And Death: 9 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) General + cerebral arteriosclerosis — 5 years +

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 23, 1953, to Mar. 2, 1953, that I last saw the deceased alive on Mar 2, 1953, and that death occurred at 4 30 p., from the causes and on the date stated above.

SIGNATURE Robert F Lewis (Degree or title) M.D. ADDRESS Crisfield, Md DATE SIGNED 3/4/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Mar. 5, 1953
NAME OF CEMETERY OR CREMATORY Sunny Ridge Cem.
LOCATION (City, town, or county) (State) Crisfield, Md.
DATE REC'D BY LOCAL REGISTRAR 3/4/53
REGISTRAR'S SIGNATURE Betty W. Tyler
24. FUNERAL DIRECTOR Durward Q. Covington, Crisfield, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (2369

CERTIFICATE OF DEATH

Reg. Dist. No. 260

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
MARYLAND LENGTH OF STAY (In this place) 83 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
STREET ADDRESS (If rural give location) 407 Beechwood St

3. NAME OF DECEASED: (Type or Print) (First) Saul (Middle) (Last) Roberts
4. DATE OF DEATH: (Month) 3 (Day) 3 (Year) 1953
5. SEX: male
6. COLOR OR RACE: C81
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH: 3-3-1870
9. AGE last birthday: 83 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Brick work
10b. KIND OF BUSINESS OR INDUSTRY: Brick factory
11. BIRTHPLACE (State or foreign country): Somerset County Md
12. CITIZEN OF WHAT COUNTRY? U S A.

13. FATHER'S NAME: Andrew Roberts
14. MOTHER'S MAIDEN NAME: Margret ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S ADDRESS: Sarah Roberts Princess Anne,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Cerebral Haemorrhage.	2 Days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Chronic Myocarditis & Hypertension	5 years
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis — 4 Years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 10, 1946 to March 5th, 1953, that I last saw the deceased alive on March 2, 1953, and that death occurred at 11:30 A., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Edson G. Marbourg Princess Anne Md. 3.6.53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3-8-53
NAME OF CEMETERY OR CREMATORY John Wesley
LOCATION (City, town, or county) Princess Anne, Md (State)

DATE REC'D BY LOCAL REGISTRAR 3/6/53
REGISTRAR'S SIGNATURE R. E. Lawson, M.D.
24. FUNERAL DIRECTOR William H. James Jr. Princess Anne, Md
ADDRESS

B.

RECEIVED
MAR 11
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 12365

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Somerset — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
LENGTH OF STAY (in this place): 34 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Myrtle St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
STREET ADDRESS (If rural give location): Myrtle St.

3. NAME OF DECEASED: (First) CORA (Middle) COLLINS (Last) SCOTT

4. DATE OF DEATH: (Month) Mar. (Day) 4 (Year) 19 53

5. SEX: female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: April 1890

9. AGE last birthday: 62 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Crisfield, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Collins

14. MOTHER'S MAIDEN NAME: Annie Ward

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) -- (If Yes, give war or dates of service) --

16. SOCIAL SECURITY NO.: ---

17. INFORMANT & ADDRESS: Mrs. B. Frank Ward-Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: immediate

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Cerebral arteriosclerosis — 1 yr.

DUE TO (c) Generalized arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Myocardial infarction — 4 yrs.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — **INJURY OCCURED** While at Work ☐ Not While At Work ☐ — **HOW DID INJURY OCCUR?**

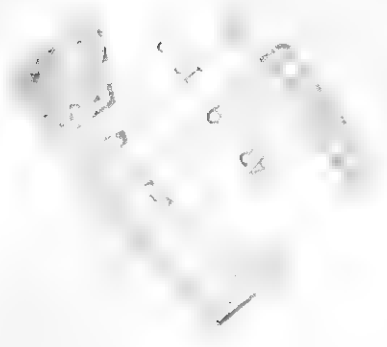
22. I hereby certify that I attended the deceased from Jan. 1 1952, 19 , to Mar. 4, 1953, that I last saw the deceased alive on Mar. 4, 1953 and that death occurred at 8:15 p.m., from the causes and on the date stated above.

SIGNATURE: S. M. Payton — (Degree or title) M.D. — ADDRESS: Crisfield, Md. — DATE SIGNED: Mar. 5 1953

23. BURIAL, CREMATION, REMOVAL (Specify): burial — **DATE THEREOF:** Mar. 6, 1953 — **NAME OF CEMETERY OR CREMATORY:** Woodlawn Cemetery — **LOCATION** (City, town, or county) (State): Baltimore City, Md.

DATE REC'D BY LOCAL REGISTRAR: 3/5/53 — **REGISTRAR'S SIGNATURE:** Betty W. Tyler

24. FUNERAL DIRECTOR — **ADDRESS:** Bradshaw Funeral Parlors 531 W. Main St. - Crisfield, Md.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 360

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmount
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmount
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Arzie T. (Middle) (Last) Walston
4. DATE OF DEATH (Month) Mar (Day) 13 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Mar 2 1913
9. AGE last birthday 39 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Forrest Warden
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Fairmount, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Robert H. Walston
14. MOTHER'S MAIDEN NAME Adie M. Hurley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) 1st world
16. SOCIAL SECURITY NO.
17. INFORMANT Eva M. Walston

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary occlusion

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH 8 hrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/13, 1953, to 3/13, 1953, that I last saw the deceased alive on 3/13, 1953, and that death occurred at 7 36 m., from the causes and on the date stated above.

SIGNATURE Hen. B. Whaley (Degree or title) M.D. ADDRESS Princess Ann DATE SIGNED 3/16/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 3/16/53
NAME OF CEMETERY OR CREMATORY K of P. Cemetery
LOCATION (City, town, or county) Upper Fairmount (State) Md.

DATE REC'D BY LOCAL REG. 3/16/53
REGISTRAR'S SIGNATURE R. H. Johnson, M.D. gt
24. FUNERAL DIRECTOR Harry B. Miles ADDRESS Upper Fairmount Md

RECEIVED
MAR 19 1953
BUREAU W

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

(327)

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
LENGTH OF STAY (in this place): 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
STREET ADDRESS (If rural give location): Columbia

3. NAME OF DECEASED: (First) Samuel (Middle) T. (Last) Ward (Type or Print)

4. DATE OF DEATH: (Month) March (Day) 12, (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: Sept. 30, 1876

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months 5 Days 12 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: General repair

11. BIRTHPLACE (State or foreign country): Crisfield, Maryland

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: William Ward

14. MOTHER'S MAIDEN NAME: Eliza Cullin

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.): Yes (If Yes, give war or dates of service): Mex. Border

16 SOCIAL SECURITY No.: 216-09-0101

17. INFORMANT & ADDRESS: George W. Ward, Crisfield, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4/21/

Immediate cause (a) Cardiac infarction

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

Interval Between Onset And Death: 1 wk

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY ? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR ?

22. I hereby certify that I attended the deceased from March 2, 19 53, to March 12, 19 53, that I last saw the deceased alive on March 11, 19 53 and that death occurred at 5 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Samuel M. Layton M.D. Crisfield Md. March 13 53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: March 14, 1953 — NAME OF CEMETERY OR CREMATORY: Sunny Ridge — LOCATION (City, town, or county) (State): Crisfield, Maryland

DATE REC'D BY LOCAL REGISTRAR: Mar. 14, 1953 — REGISTRAR'S SIGNATURE: Betty W. Tyler

24. FUNERAL DIRECTOR — ADDRESS: Durward Q. Covington, Crisfield, Md.

VS. A15

MAR 16
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upperhill
LENGTH OF STAY (in this place) 85
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upperhill
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Mollie (Middle) (Last) Waters

4. DATE OF DEATH: (Month) 3 (Day) 8 (Year) 1953.

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Nov. 10, 1867

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife for self

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Upperhill, Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Frank Seddler

14. MOTHER'S MAIDEN NAME: Caroline Maddox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Lula Maddox-Upperhill, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (INTERVAL BETWEEN ONSET AND DEATH)

443x

Immediate cause (a) Acute coronary insufficiency - min.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Hypertensive Cardiovascular Disease - Years

DUE TO

(c) Arteriosclerosis years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/25, 1952, to 3/8, 1953, that I last saw the deceased alive on 2/24, 1953, and that death occurred at 0 a.m. from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Robert Caldwell, M.D. ADDRESS Princess Anne DATE SIGNED 3/9/53

23. BURIAL, CREMATION, REMOVAL, (Specify): Burial

DATE THEREOF 3/12/53

NAME OF CEMETERY OR CREMATORY Upperhill-St. Andrew

LOCATION (City, town, or county) Upperhill, Somerset Co., (State) Md.

DATE REC'D BY LOCAL REG. 3/9/53

REGISTRAR'S SIGNATURE R. T. Johnson M.D.

24. FUNERAL DIRECTOR Charles H. Ward, Mairon Sta., Md. ADDRESS Box 235.

VS. A15 8-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MAR 19 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03274

CERTIFICATE OF DEATH

Reg. Dist. No. 760

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) Alberta (First) (Middle) Williams (Last)

4. DATE OF DEATH: (Month) 3 (Day) 12 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 1-15-1884

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Princess Anne Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Pollitt

14. MOTHER'S MAIDEN NAME: Margaret Sudler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: William Williams, Princess Anne

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2

Immediate cause (a) Chronic Myocarditis DUE TO — Interval Between Onset And Death: 3 years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 10, 1950, to March 12 1953 that I last saw the deceased alive on March 12, 1953, and that death occurred at 10:10 pm from the causes and on the date stated above.

SIGNATURE Elton G. Mowbray (Degree or title) ADDRESS Princess Anne Md. DATE SIGNED 3.14.53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 3-15-53 NAME OF CEMETERY OR CREMATORY John Wesley LOCATION (City, town or county) Princess Anne (State) Md.

DATE RECD BY LOCAL REGISTRAR 3/14/53 REGISTRAR'S SIGNATURE K. H. Johnson, M. D.

24. FUNERAL DIRECTOR William H. James Jr. ADDRESS Princess Anne, Md.

JT

VS. A15

RECEIVED
MAR 19 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03275

CERTIFICATE OF DEATH

Reg. Dist. No. 261

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Marion Sta. | LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Whites Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE New Jersey COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Norris
STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) H. (Last) Young.

4. DATE OF DEATH: (Month) March (Day) 24 (Year) 1953

5. SEX: M

6. COLOR OR RACE: Col. (21)

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: Jan. 1, 1881

9. AGE last birthday: 72 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Oystershucker

10b. KIND OF BUSINESS OR INDUSTRY: Sea food

11. BIRTHPLACE (State or foreign country): Marion Sta., Md

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Albert Young, 17 Wells St. Cambridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Acute coronary occlusion — Interval Between Onset And Death: 1 hour

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Essential hypertension — 5 years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) No | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/24, 1953, to only, 19..., that I last saw the deceased alive on 3/24, 1953, and that death occurred at 4 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert F. Lewis M.D. ADDRESS Crisfield Md. DATE SIGNED 3/24/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 3-27-53 | NAME OF CEMETERY OR CREMATORY Branch Cemetery | LOCATION (City, town, or county) (State) Marion - Som. Md

DATE REC'D BY LOCAL REGISTRAR 3-25-53 | REGISTRAR'S SIGNATURE Nellie D. Payne

24. FUNERAL DIRECTOR ADDRESS Lewis H. Boyanem Cambridge - Md

RECEIVED
MAR 30 1953
BUREAU V. S.